## PART B - FEE(S) TRANSMITTAL

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FC: APPLICATION NO.	FILING DAFFEO UP	TRADEMAN FIRST NAM	IED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/051,046			Wakashiro	iro 020067 1714		
APPLN. TYPE	SMALL ENTITY  NO	ISSUE FEE	PUBLICATION FEE \$300	TOTAL FEE(S) DUE	DATE DUE 01/18/2005	
EXAM	INER T	ART UNIT	CLASS-SUBCLASS	7		
SWENSON, BRIAN L		3618	180-065200	J		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents an amber a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
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The Director is hereby authorized by charge the required fec(s), or credit any overpayment, to Deposit Account Number 01-2340 (enclose an extra copy of this form).						
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Authorized Signature Willy Burch			Date 01/12/2005			
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